
Exhibit C

MV-104AN (7/11)

☒ **AMENDED REPORT**

19	-
20	-
21	-
22	-
23	-
24	-
25	-
26	-
27	2
28	1
29	-
30	-

USE
COVER
SHEET

P

ALL INVOLVED

Precinct
069

Accident No.
MV-2017-069-000258

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
MV-104AN (7/11)

☒ **AMENDED REPORT**

1	Accident Date Month 2 Day 15 Year 2017	Day of Week WEDNESDAY	Military Time 15:20	No. of Vehicles 2	No. Injured 0	No. Killed 1	Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																																																																																							
2	VEHICLE - Driver License ID Number _____ State of Lic. _____					VEHICLE - Driver License ID Number _____ State of Lic. _____					21																																																																																																																																																						
3	Driver Name - exactly as printed on license Address (Include Number & Street) _____ Apt. No. _____					Driver Name - exactly as printed on license Address (Include Number & Street) _____ Apt. No. _____					22																																																																																																																																																						
4	City or Town _____ State _____ Zip Code _____					City or Town _____ State _____ Zip Code _____					23																																																																																																																																																						
5	Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/>					Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/>					24																																																																																																																																																						
6	Name - exactly as printed on registration _____ Sex _____ Date of Birth _____					Name - exactly as printed on registration _____ Sex _____ Date of Birth _____					25																																																																																																																																																						
7	Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					26																																																																																																																																																						
8	City or Town _____ State _____ Zip Code _____					City or Town _____ State _____ Zip Code _____					27																																																																																																																																																						
9	Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____					Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____					28																																																																																																																																																						
10	Ticket/Arrest Number(s) _____ Violation Section(s) _____					Ticket/Arrest Number(s) _____ Violation Section(s) _____					29																																																																																																																																																						
11	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					30																																																																																																																																																						
12	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____					31																																																																																																																																																						
13	Vehicle By Towed: _____ To _____					Vehicle By Towed: _____ To _____					32																																																																																																																																																						
14	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					ACCIDENT DIAGRAM 					33																																																																																																																																																						
15	Reference Marker _____ Coordinates (if available) _____ Latitude/Northing: 40.634033 Longitude/Easting: -73.88933					Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred 9714 SEAVIEW AVENUE (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)					34																																																																																																																																																						
16	Accident Description/Officer's Notes PASSED AWAY THE DAY AFTER THE COLLISION. THIS REPORT SHOULD BE AMENDED AND THE FATALITY SHOULD BE FREELATED.										35																																																																																																																																																						
17	ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only																																																																																																																																								36
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18	Officer's Rank and Signature POM Print Name in Full SHELDON J WHITE					Tax ID No. 951435 NCIC No. 03030 Precinct 069 Post/Sector _____ Reviewing Officer SGT LAUREN J ODESSA Date/Time Reviewed 02/16/2017 09:53					37																																																																																																																																																						

USE COVER SHEET

P

Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
<u>Date of Birth</u>			Telephone (Area Code)						<u>Date of Birth</u>			Telephone (Area Code)					
Month	Day	Year	()						Month	Day	Year	()					
Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
<u>Date of Birth</u>			Telephone (Area Code)						<u>Date of Birth</u>			Telephone (Area Code)					
Month	Day	Year	()						Month	Day	Year	()					
Last Name			First			M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: <div style="border: 1px solid black; width: 100px; height: 40px; float: right; margin-top: 10px;">Shield No.</div>								
Address																	
<u>Date of Birth</u>			Telephone (Area Code)														
Month	Day	Year	()														

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. _____ Vehicle No. _____

Expiration Date _____

VIN _____ VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone
------	---------	-------

DUPLICATE COPY REQUIRED FOR:

- ☐ Dept. of Motor Vehicles (if anyone is killed/injured)
 ☐ Motor Transport Division (P.D. vehicle involved)
 ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 ☐ Other City Agency (Specify) _____

☐ Office of Comptroller (if a City vehicle involved)
 ☐ Personnel Safety Unit (if a P.D. vehicle involved)
 ☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)

OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle	Operator's First Name			Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.			Dept. Vehicle No.		Assigned To What Command

Equipment in Use At Time of Accident

- ☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

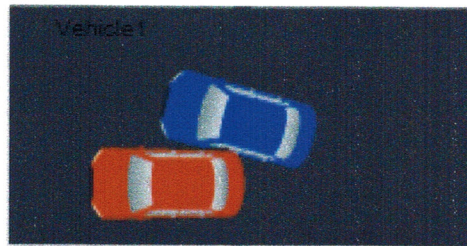
ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal ☐ Complying with Station House Directive
- ☐ Pursuing Violator ☐ Routine Patrol
- ☐ Other (Describe) _____

Side Swipe (same dir) : MV-2017-069-000258

Reporting Officer : POM SHELDON J WHITE

Reviewing Officer : SGT LAUREN J ODESSA Reviewed Date : 02/16/2017 09:53



Vehicle 2